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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Not Yet Assigned
Filing Date	January 7, 2004
First Named Inventor	Hallemeier
Title	Optical Fiber Transmission ...
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	OPT-008CP2

I hereby appoint:



Practitioner(s) at Customer Number:

23701

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Fax:

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name:

Peter Hallemeier

Signature:

Date:

1/7/04

Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Name Mark ColyarSignature Mark Colyar

Date

Telephone

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<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:



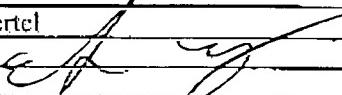
Applicant/Inventor.



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SIGNATURE of Applicant or Assignee of Record

Name	Eitan Gertel			
Signature				
Date			Telephone	

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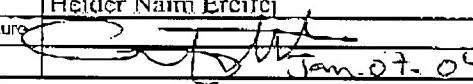
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Name Heider Naim ErcifciSignature Date Jan. 07. 04 Telephone

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